SPOONER HEALTH SYSTEM

819 ASH STREET

SPOONER 54801 Phone: (715) 635-2111 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 90 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups	 응 	Less Than 1 Year   1 - 4 Years	37.5 42.0
Supp. Home Care-Household Services	No	   Developmental Disabilities	1.1	Under 65	5.7		20.5
Day Services	No	Mental Illness (Org./Psy)	43.2	65 - 74	6.8		
Respite Care	Yes	Mental Illness (Other)	1.1	75 - 84	25.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.9	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2.3			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	2.3		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	6.8	65 & Over	94.3		
Transportation	Yes	Cerebrovascular	5.7			RNs	12.9
Referral Service	No	Diabetes	9.1	Sex	용	LPNs	4.7
Other Services	No	Respiratory	5.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	22.7	Male	28.4	Aides, & Orderlies	37.8
Mentally Ill	No			Female	71.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No			1	100.0		

## Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	٥٥	Per Diem (\$)	No.	ορ	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	ojo	Per Diem (\$)	No.	o <sub>l</sub> o	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	4	6.1	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.5
Skilled Care	0	0.0	0	40	60.6	107	2	66.7	112	12	63.2	102	0	0.0	0	0	0.0	0	54	61.4
Intermediate				22	33.3	89	1	33.3	91	7	36.8	85	0	0.0	0	0	0.0	0	30	34.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		66	100.0		3	100.0		19	100.0		0	0.0		0	0.0		88	100.0

SPOONER HEALTH SYSTEM

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period	1						
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.9	Bathing	1.1		93.2	5.7	88
Other Nursing Homes	4.9	Dressing	4.5		84.1	11.4	88
Acute Care Hospitals	71.6	Transferring	45.5		33.0	21.6	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.1		59.1	14.8	88
Rehabilitation Hospitals	0.0					4.5	88
Other Locations	2.5	******	*****	*****	******	********	*****
Total Number of Admissions	81	Continence		%	Special Treatm	nents	%
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	5.7	Receiving Re	espiratory Care	13.6
Private Home/No Home Health	20.5	Occ/Freq. Incontinent	t of Bladder	39.8	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	9.0	Occ/Freq. Incontinent	t of Bowel	22.7		actioning	1.1
Other Nursing Homes	2.6					stomy Care	2.3
Acute Care Hospitals	3.8	Mobility			Receiving Tu	ibe Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d .	6.8	Receiving Me	chanically Altered Diets	28.4
Rehabilitation Hospitals	1.3						
Other Locations	6.4	Skin Care			Other Resident	Characteristics	
Deaths	56.4	With Pressure Sores		5.7	Have Advance	e Directives	84.1
Total Number of Discharges		With Rashes		9.1	Medications		
(Including Deaths)	78				Receiving Ps	sychoactive Drugs	56.8

	This Other Hospital-		All	
	Facility	Based	Facilities	Facilties
	%	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	87.4	1.03	85.1 1.06
Current Residents from In-County	85.2	84.3	1.01	76.6 1.11
Admissions from In-County, Still Residing	38.3	15.2	2.52	20.3 1.88
Admissions/Average Daily Census	100.0	213.3	0.47	133.4 0.75
Discharges/Average Daily Census	96.3	214.2	0.45	135.3 0.71
Discharges To Private Residence/Average Daily Census	28.4	112.9	0.25	56.6 0.50
Residents Receiving Skilled Care	65.9	91.1	0.72	86.3 0.76
Residents Aged 65 and Older	94.3	91.8	1.03	87.7 1.08
Title 19 (Medicaid) Funded Residents	75.0	65.1	1.15	67.5 1.11
Private Pay Funded Residents	21.6	22.6	0.96	21.0 1.03
Developmentally Disabled Residents	1.1	1.5	0.78	7.1 0.16
Mentally Ill Residents	44.3	31.3	1.41	33.3 1.33
General Medical Service Residents	22.7	21.8	1.04	20.5 1.11
<pre>Impaired ADL (Mean) *</pre>	40.2	48.9	0.82	49.3 0.82
Psychological Problems	56.8	51.6	1.10	54.0 1.05
Nursing Care Required (Mean)*	7.5	7.4	1.02	7.2 1.05